

DATE: **October 14, 2002**

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Influenza and Pneumococcal Immunization Standing Orders

The U.S. Department of Health and Human Services recently announced a new policy to promote greater access to flu and pneumonia vaccinations, especially among older Americans and others at high risk for illness. This change is included in new Medicare regulations that modify the conditions of participation for hospitals, long-term care facilities and home health agencies that serve Medicare and Medicaid beneficiaries. Please see the attached HHS press release and CMS memorandum S&C-03-02.

The Bureau of Quality Assurance authorizes the use of standing order programs to increase the rates of influenza and pneumococcal immunizations in vulnerable people in Wisconsin. The requirement for specific written physician orders in the provisions listed below is waived with respect to influenza and pneumococcal polysaccharide immunizations. The waiver is conditioned by administration of the immunizations in accordance with a physician-approved policy for the facility or agency and after an assessment for contraindications.

HFS 132.60 (5) Treatment and Orders. (a) Orders. 1. 'Restriction.' Medications, treatments and rehabilitative therapies shall be administered as ordered by a physician or dentist subject to the resident's right to refuse them. No medication, treatment or changes in medication or treatment may be administered to a resident without a physician's or dentist's written order which shall be filed in the resident's clinical record, except as provided in subd.2.

HFS 83.33 (3) MEDICATIONS. (a) *Practitioner's order.* 1. There shall be a practitioner's written order for any prescription medication taken by or administered to a CBRF resident and that medication shall be labeled by a pharmacist.

HFS 133.20 (4) PHYSICIAN'S ORDERS. Drugs and treatment shall be administered by the agency staff only as ordered by the attending physician. The nurse or therapist shall immediately record and sign oral orders and obtain the physician's countersignature within 20 calendar days.

HFS 131.36. Health Care Record. (3) **CONTENT:** A patient's healthcare record shall contain: (f) Physician orders for medications, procedures, and tests.

HFS 124.12(5)(b) 11. A statement specifying categories of personnel duly authorized to accept and implement medical staff orders. All orders shall be recorded and authenticated. All verbal and telephone orders shall be

authenticated by the prescribing member of the medical staff in writing within 24 hours of receipt. (See modification per DSL-BQA memo 00-015 at http://www.dhfs.state.wi.us/rl_DSL/Hospital/Hosp00-015.htm.)

HFS 88.07(3)(d). Before a licensee or service provider dispenses or administers a prescription medication to a resident, the licensee shall obtain a written order from the physician who prescribed the medication specifying who by name or position is permitted to administer the medication, under what circumstances and in what dosage the medication is to be administered. The licensee shall keep the written order in the resident's file.

HFS 134.60(4)(a). Orders. No medication, treatment or changes in medication or treatment may be administered to a resident without a physician's or dentist's written order which shall be filed in the resident record.

This waiver is applicable only to flu and pneumonia vaccinations.

Hospitals, Nursing Homes and Home Health Agencies should refer to and follow the federal regulations. A copy of the Federal Regulation changes to 42 CFR parts 482, 483 and 484 can be found in the Federal Register and obtained at <http://www.access.gpo.gov/nara/cfr/index.html>. See, as applicable, the revisions of 42 CFR 482.23(c)(2), 42 CFR 483.40(b)(3) and 42 CFR 484.18(c) on page 61814 of the October 2, 2002 Federal Register.

Community Based Residential Facilities (CBRFs) may have their residents immunized without a specific written physician order subject to the following: A CBRF must follow a physician-approved policy for administering influenza and pneumococcal polysaccharide vaccines, complete an assessment for contraindications for the vaccines and follow its established policies for administering injectable medications. CBRFs may wish to contract with pharmacies and various nursing agencies that already have influenza and pneumococcal immunization programs in place.

For more information please contact Doug Englebert at 608-266-5388.

Attachments: Federal Register pages, October 2, 2002
US Department of Health and Human Services Press Release, October 1, 2002
CMS Memorandum S&C-03-02, October 10, 2002